

## A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

# SHBP COVERAGE FOR STATE INTERMITTENT EMPLOYEES

State Health Benefits Program

## INTRODUCTION

Under negotiated agreements between the State of New Jersey and the Communications Workers of America (CWA) representing State employees, certain Intermittent employees working at the Department of Labor and the Department of the Treasury are eligible for enrollment in the State Health Benefits Program (SHBP). Under the agreement, eligible Intermittent employees can only enroll for health coverage through **NJ PLUS** and/or prescription drug coverage through the **Employee Prescription Drug Plan**. These plans are described at the end of this fact sheet.

The plan benefits, as well as the rules and procedures of the plans, are the same for Intermittent enrollees as they are for all other enrollees, **except for those areas listed below**. If a specific topic is not outlined in this publication, please refer to the information provided in the *NJ PLUS Member Handbook* or the *Employee Prescription Drug Plan Member Handbook*.

## ELIGIBILITY AND ENROLLMENT

### Intermittent Employee Eligibility

Eligibility for coverage is determined by the Human Resources Offices at the Departments of Labor and Treasury. Enrollments, terminations, changes to contracts, etc. must be processed through your employer first, then the SHBP. If you have any questions concerning eligibility provisions, you should see your employer. You may call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524 for general eligibility questions.

To be eligible for coverage an Intermittent employee **must** be:

- An employee of the State of New Jersey who is hired in an Intermittent position within the Department of Labor or the Department of the Treasury and has a minimum of 750 regular pay status hours within the previous fiscal year

(June 29, 2002 - June 27, 2003 for Fiscal Year 2003 or June 28, 2003 - June 25, 2004 for Fiscal Year 2004); and:

- Covered under the labor contract between the CWA and the State of New Jersey that committed the State to provide SHBP coverage to Intermittent employees.

### Eligible Dependents

Your eligible dependents are:

- Your spouse or same-sex domestic partner\*.
- Your unmarried children (including step-children, legally adopted children, foster children, legal wards) under the age of 23 who are substantially dependent upon you for support and maintenance and who:
  - Live with you in a parent-child relationship; or
  - Reside at school but who have a permanent domicile with you and whom you support; or
  - Do not live with you, but whom you are legally required to support. Proof of the legal requirement of support is necessary.

### Enrollment

If you meet the eligibility requirements outlined above, your employer will provide you with the

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\*A Domestic Partner is defined for State Health Benefits Program eligibility under Chapter 246, P.L. 2003 as a person of the same sex with whom you have entered into a domestic partnership and received a *Certificate of Domestic Partnership* from the State of New Jersey (or a valid certification from another jurisdiction that recognizes same-sex domestic partners, civil unions, or similar same-sex relationships). A photocopy of the *Certificate of Domestic Partnership* is required by the State Health Benefits Program along with your *Intermittent Employee State Health Benefits Program Application*.

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*Intermittent Employee State Health Benefits Program Application.* You must complete the application, providing all of the information requested, and submit it to your employer.

Intermittent employees may select **both** NJ PLUS and Employee Prescription Drug Plan coverage, **or** they may select either NJ PLUS coverage **only** or Employee Prescription Drug Plan coverage **only**.

The cost of coverage for Intermittent employees is paid by the State.

If you do not enroll all eligible members of your family within 60 days of the time you or they first become eligible for coverage, you must wait until the next Annual Open Enrollment period to enroll them (for exceptions see the "Change of Coverage" section of the *NJ PLUS Member Handbook*). Open Enrollment periods generally occur once a year. Information concerning the duration of the Open Enrollment period and effective dates of coverage are announced by the Division of Pensions and Benefits.

**Effective Dates of Coverage**

An initial enrollment period has been established for Intermittent employees who have a minimum of 750 regular pay status hours in Fiscal Year 2003 (June 29, 2002 - June 27, 2003) or Fiscal Year 2004 (June 28, 2003 - June 25, 2004). For these employees, SHBP coverage begins June 26, 2004 provided a properly completed and employer certified *Intermittent Employee State Health Benefits Program Application* is submitted to the Division of Pensions and Benefits prior to May 7, 2004.

For subsequent years, coverage will be effective as of the first day of the first coverage period in January of a given year, provided the Intermittent employee had a minimum of 750 regular pay status hours in the prior fiscal year. For example, if you are an Intermittent employee and have at least 750 regular pay status hours in Fiscal Year 2005 (June 6, 2004 - June 24, 2005) you would be eligible for SHBP coverage effective on the first day of the first biweekly coverage period in January 2006 (January 6, 2006).

The effective date of coverage for an eligible dependent is effective the same date as the employee's provided they are listed on the enrollment application when first submitted to the SHBP.

Coverage changes involving the addition of dependents are effective retroactive to the date of the event (marriage, birth, adoption, etc.) providing the application is filed within 60 days of the event. Deletion of dependents is effective on a timely or prospective basis, depending upon receipt of the application by the Health Benefits Bureau. Dependent children are automatically terminated as of the end of the year they attain age 23.

**Annual Recertification of Eligibility**

The Human Resource Offices of the Department of Labor and the Department of the Treasury will recertify eligibility of every Intermittent employee with SHBP coverage each year. To qualify for coverage in subsequent years, your employer must certify that you have at least 750 regular pay status hours in the prior fiscal year.

**Leave-of-Absence, Furlough, and Workers' Compensation**

Because of the arrangement for coverage under the labor contract, absence from work without pay does not affect the continuation of your existing coverage.

It may, of course, impact coverage in the next year as such time will not count towards the 750 required regular pay status hours.

**Termination of Coverage**

Your coverage will end if you terminate employment with the State; i.e., resignation, layoff, or death. The termination date will be in accordance with the normal schedule. That is, your coverage will end at the end of the second full pay period after you end your employment. The coverage termination date will be approximately 30 days after your employment termination date based on the State's biweekly centralized payroll schedule. You should consult your payroll clerk for your exact termination date.

Your coverage will also end if you do not have the 750 regular pay status hours in a fiscal year required by the labor contract. The termination date of your coverage in this case will be at the end of that calendar year or the payroll period closest to December 31 of that calendar year. For Example: If you fail to meet the 750 hours in Fiscal Year 2006 (June 25, 2005 - June 23, 2006), your coverage will end the closest biweekly payroll date to December 31, 2006.

**A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS****Coverage after Retirement**

Since Intermittent employees are not members of a public pension fund, there will not be any retirement from State employment on the basis of the Intermittent position. Therefore, there can be no provision for continuation of coverage in retirement.

**COBRA COVERAGE**

Upon termination of SHBP coverage, continued coverage in NJ PLUS and/or the Employee Prescription Drug Plan is available under federal COBRA legislation. See the *NJ PLUS Member Handbook* and the *Employee Prescription Drug Plan Member Handbook* for more information on COBRA coverage

**PLAN DESCRIPTIONS****NJ PLUS**

NJ PLUS is a point-of-service plan that is a blend of a traditional indemnity plan and an HMO. It provides managed care to its members through its own network of providers. It also offers out-of-network benefits that provides reimbursement to providers and members for expenses for services rendered for the treatment of illness and injury.

NJ PLUS is currently administered for the SHBP by Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) which means that Horizon BCBSNJ is the claims payer for all covered members.

NJ PLUS offers:

- A network of providers, which includes primary care physicians (PCP), internists, general practitioners, pediatricians, specialists, and hospitals.
- A full range of services when you use network providers to include well-care and preventive services such as annual physicals, well-baby/well-child care, immunizations, mammograms, annual gynecological examinations, and prostate examinations.
- In-network services, which are generally

covered in full after a small copayment.

- No filing of claim forms when you use in-network services.
- In-network hospital admissions covered in full.
- An out-of-network option whereby you may use providers who are not in the network and receive a 70 percent reimbursement of the reasonable and customary allowance for most care after a deductible is met.

For more information about NJ PLUS, see the *NJ PLUS Member Handbook* which is available from your employer, by contacting the Division of Pensions and Benefits, or online at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm)

**Employee Prescription Drug Plan**

The Employee Prescription Drug Plan is a separate drug plan for active employees. The plan is currently administered by Horizon BCBSNJ through AdvancePCS.

For each 30-day supply of prescription medication obtained at a retail pharmacy, participants pay a \$1 copayment for generic drugs and a \$5 copayment for brand name drugs. You may purchase up to a 90-day supply of medication at a pharmacy when prescribed by your provider, by paying the applicable copayments (31- to 60-day supply — two copayments, 61- to 90-day supply — three copayments).

A mail order program is also available. When mail order is used, up to a 90-day supply of medication has a \$1 copayment for generic drugs and a \$5 copayment for brand name drugs.

**Note:** Copayments for retail pharmacy and mail order services are subject to change.

For more information about the Employee Prescription Drug Plan, see the *Employee Prescription Drug Plan Member Handbook* which is available from your employer, by contacting the Division of Pensions and Benefits, or online at: [www.state.nj.us/treasury/pensions.shbp.htm](http://www.state.nj.us/treasury/pensions.shbp.htm)

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This fact sheet is a summary and not intended to provide total information.  
Although every attempt at accuracy is made, it cannot be guaranteed.

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## SUMMARY OF INTERMITTENT EMPLOYEE BENEFITS

The following charts provide a quick summary of the benefits available to Intermittent State employees from NJ PLUS and the Employee Prescription Drug Plan.

NJ PLUS COVERAGE		
PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network <sup>1</sup> (800) 414-7427
SERVICE AREA	All of NJ, DE, FL, NC, SC, and VA; Parts of NY and PA	Unrestricted
HOSPITAL INPATIENT	100%	70% after \$200 per hospital stay deductible
SKILLED NURSING FACILITY	100% up to 120 days per calendar year	70% for up to 60 days per calendar year
HOSPITAL PRE-ADMISSION TESTING	100%	70% after deductible
PHYSICIAN (SURGERY)	100%	70% after deductible
PHYSICIAN (OFFICE VISITS)	100% after \$5 per visit copayment	70% after deductible; no coverage for wellcare
CHIROPRACTIC	100% after \$5 per visit copayment; 30 visits per calendar year; no PCP referral required	70% after deductible for up to 30 visits per calendar year
EMERGENCY ROOM ACCIDENT/ NON-ACCIDENT	100% after \$25 <sup>2</sup> copayment if reported to PCP and/or NJ Plus within 48 business hours	100% after \$25 <sup>2</sup> copayment if reported to NJ PLUS and/or PCP within 48 business hours. If not reported within 48 hours, subject to deductible and coinsurance.
RADIATION/ CHEMOTHERAPY OUTPATIENT	100%	70% after deductible
HOSPICE	100%	70% after deductible
IMMUNIZATIONS	100% after \$5 copayment per visit (except for travel)	70% for children under 12 months after deductible
PHYSICAL EXAMS	100% after \$5 per visit copayment	Not covered

<sup>1</sup>Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

<sup>2</sup>NJ PLUS requires notice to the PCP within 48 hours of the incident. Copayment waived if admitted.

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<b>PLAN NAME &amp; TELEPHONE NUMBER</b>	<b>NJ PLUS In-network (800) 414-7427</b>	<b>NJ PLUS Out-of-network<sup>1</sup> (800) 414-7427</b>
MATERNITY	\$5 copayment for first prenatal visit, then 100% covered.	70% after deductible
WELL BABY	100% after \$5 per visit copayment	Not covered
ALCOHOL ABUSE (INPATIENT)	Same as any other illness	Same as any other illness
DRUG ABUSE (INPATIENT)	Same as any other illness	Same as any other illness
ALCOHOL ABUSE (OUTPATIENT)	100%, no visit limit	70% after deductible
DRUG ABUSE (OUTPATIENT)	100%, no visit limit	70% after deductible
MENTAL HEALTH (INPATIENT) <sup>3</sup>	100% for up to 25 days per calendar year; balance at 90% up to annual/lifetime maximums	50 days per calendar year at 50% after deductible up to annual/lifetime maximums
MENTAL HEALTH (OUTPATIENT) <sup>3</sup>	90% up to \$15,000 annual /\$50,000 lifetime maximum	70% after deductible up to \$15,000 annual /\$50,000 lifetime maximum
PHYSICAL/SPEECH THERAPY <sup>4</sup>	100% after \$5 per visit copayment	70% after deductible
HOME HEALTH CARE	Services and supplies covered with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered; subject to out-of-network insurance and deductible
DISEASE MANAGEMENT	Diabetes only	Diabetes only
PRIVATE DUTY NURSING	Must be ordered by a doctor, provided by an RN or LPN; excludes care that can be provided by hospital staff or home health care aides; excludes assistance with daily activities	Must be ordered by a doctor, provided by an RN or LPN; excludes care that can be provided by hospital staff or home health care aides; excludes assistance with daily activities
INFERTILITY SERVICES	Must be pre-authorized; diagnosis covered; treatment covered with limitations	Call plan for pre-authorization; diagnosis covered; treatment covered with limitations; subject to out-of-network insurance and deductible

<sup>1</sup>Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

<sup>3</sup>Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

<sup>4</sup>Speech therapy limited to restoration after a loss or impairment of a demonstrated previous ability to speak. To develop or improve speech after surgical correction of a birth defect.



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PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network <sup>1</sup> (800) 414-7427
X-RAYS/LAB TESTS	100% after \$5 per visit copayment	70% after deductible
DENTAL COVERAGE WITHIN YOUR MEDICAL PLAN	None	None
VISION	100% after \$5 copayment; one exam per calendar year; no referral needed	None

## NJ PLUS DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network <sup>1</sup> (800) 414-7427
DEDUCTIBLES (INDIVIDUAL)	None	\$100 per year (most expenses); \$200 per hospital admission
DEDUCTIBLES (FAMILY MAXIMUM)	None	\$250 per year (most expenses); \$200 per hospital admission
MAXIMUM OUT-OF-POCKET (INDIVIDUAL)	\$400 per calendar year (coinsurance only)	\$2,000 per year (coinsurance only)
MAXIMUM OUT-OF-POCKET (FAMILY)	\$1,000 per calendar year (coinsurance only)	\$5,000 per calendar year (coinsurance only)
MAXIMUM PLAN COVERED EXPENSES	Unlimited; \$15,000 annual mental health; \$50,000 lifetime mental health; up to \$2,000 restoration feature each year. <sup>3</sup>	\$1,000,000 lifetime (major medical expense only); \$15,000 annual mental health; \$50,000 lifetime mental health; up to \$2,000 restoration feature each year. <sup>3</sup>

EMPLOYEE PRESCRIPTION DRUG PLAN COPAYMENTS<sup>5</sup>

AT RETAIL PHARMACY			BY MAIL ORDER
<u>30 day supply</u>	<u>31-60 day supply</u>	<u>61-90 day supply</u>	<u>Up to 90 day supply</u>
Generic - \$1	Generic - \$2	Generic - \$3	Generic - \$1
Name brand - \$5	Name brand - \$10	Name brand - \$15	Name brand - \$5

<sup>1</sup>Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

<sup>3</sup>Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

<sup>5</sup>Copayments for retail pharmacy and mail order services are subject to change based on negotiated union agreements.